



The form which follows is a sample only. To obtain an official copy of this multipart form, please contact the Division of Soil and Water Conservation at:

203 Governor Street, Suite 206  
Richmond, Virginia 23219  
(804) 786-2064

(1) Name & Address										DCR Spec. No. A		BMP Description B		Extent Requested (No.) C	Plan Written (Date) D	Hydrologic Unit E	Program F		
Program Year										1									
S. S. # or Tax ID #										2									
(2) APPLICANT'S REQUEST: I request funding under the State TMDL Cost-Share program for the listed practices. I agree to install and maintain these practices according to state specifications. I also agree to allow appropriate agency personnel access to land under my control for the purpose of evaluation, design, construction and inspection of said practices for its lifespan.										3									
a. Have you applied for additional cost sharing for the same practices on the same acreage from another source? <input type="checkbox"/> yes <input type="checkbox"/> no										4									
b. Have you received or will you receive cost sharing from another SWCD during the current program year? <input type="checkbox"/> yes <input type="checkbox"/> no										5									
If yes, which one? Sign Here																			
(3)										VirGIS Coordinates		STATEMENT OF TECHNICAL NEED							
Extent Technically Authorized G	Total Estimated Cost H	Distance to Stream (feet) I	Relief to Stream (feet) J	USGS Topo. Map Name K	Row L	Column M	I have reviewed this application and have indicated the extent authorized based on technical need.												
1																			
2							Reviewed by												
3																			
4							Title												
5							Date												
(4) AUTHORIZATION					(5)														
Your request form has been:					Dollar Amount Approved by SWCD N					Extent Installed (No.) O									
<input type="checkbox"/> Approved to the extent shown in section 5										Total Actual Cost P									
<input type="checkbox"/> Not approved										SWCD Cost Share Payment Q									
Expiration Notice										Additional Cost-Share \$ R									
This practice must be installed and certified at the issuing SWCD by the above date.										Source VDGIF FSA, VDF NRCS Other S									
1										Lifespan (Years) T									
2																			
3																			
District Authorization by (SWCD Director)																			
[ ] Carryover granted to date																			
SWCD Director																			
Date																			
5																			
(6) PARTICIPANT PRACTICE INSTALLATION CERTIFICATION: I certify that the information (column X) is true and correct. I have installed and agree to maintain this practice for the lifespan in accordance with state specifications. I agree to refund all or part of the cost-share assistance if my practice is found not to meet state specifications or if the practice is removed or not properly maintained during the life (column AE) of the practice. I understand that the sale, lease or changed use of the property will not exempt me from this requirement.										(7) TECHNICIAN PRACTICE INSTALLATION CERTIFICATION: I certify that this practice has been installed according to state specifications.					(8) District Payment Approval				
Sign Here										Name					Date				
Date															Pmt. Amt U				
1															Pmt Date V				
2															Check # W				
3																			
4																			
5																			